ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Community Hospital of Anderson/Madison County

City: Anderson County: Madison Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	9	384	1,010	\$4,265
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	58	3,812	14,347	\$2,605
Neonatal Intermed	0	0	0	\$0
Obstetrics	22	1,339	2,976	\$2,456
Pediatric	13	238	551	\$1,617
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Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	102	5,773	18,884	NA
Normal Newborn	20	1,051	2,447	\$1,320

II. Outpatient Visits				
Circulatory System	13,536	Digestive System	4,704	
Endocrine System	15,841	Injuries and Poison	9,903	
Mental Disorder	1,470	Musculoskeletal	14,497	
Neoplasms	3,407	Nervous	4,166	
Respiratory	6,387	Urinary	12,031	
Other/Unknown	36,133	Total Visits	122,075	
Number of Visits to Emer	30,121			
Percent of Emergency Department Visits of Total Visits			24.7%	

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	N - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	Y - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
N - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

<u>Health Care Regulatory Services</u>

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